

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4	2					
5						
6	3					
7	3					
8	3					
9	1					
10			1			
11			1			
12			1			
13	2					
14	1					
15	2					
16	2					
17	2					
18	1		1			
19	1		1			
20						
21	2					
22	2					
23						
24						
25						
26						
27	1		1			
28	1		1			
29						
30	2					
31	5					
32	8					
33	1					
34	1		1			
35			1			
36	2		1			
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			6			
TOTAL DEP.			30			
TOTAL CLAIMS			36			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						